U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 05546	2 Fiscal Year Covered From	
	1 / 1 / 2005 Through 12 / 31 / 2005	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name JACK A SCOTT	Name IBEW LOCAL 570	
	Labor Organization File Number 011 338	
PO Box Bldg Room No If any C/O IBEW LOCAL 570	P O Box Building and Room Number if any	
Street 750 S TUCSON BLVD	Street 750 S TUCSON BLVD	
City TUCSON	City Tucson	
State Arizona ZIP Code + 4 85716	State Arizona ZIP Code + 4 85716	
5 Position in labor organization BUSINESS MANAGER		

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name If any		
PO Box Bldg Room No If any		
	7 b Amount	
Street		
City		
State ZIP Code + 4		

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the
undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed	grantefeath
17	

on 3-16-06

(520) 622 6745

Date

Telephone Number

Name of Person Filing JACK SCOTT	File Number U 05546		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade rame if any)	9 Business deals with		
Name IBEW LOCAL 570 & 518 TRUST FUNDS	a Labor Organization		
Trade Name If any	∑ b Trust		
PO Box Bldg Room No if any P O BOX 16200	c Employer		
Street Cdy PHOENIX			
State Arizona ZIP Code + 4 85011			
10 if 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name IBEW 570 PENSION FUND	TRUSTTE ON THE IBEW 570-518 PENSION TRUST FUND ATTEND THE INTERNATIONAL FOUNDATION ANNUAL CONFERENCE THE PENSION TRUST FUND REIMBURSES THE		
Trade Name If any	COST OF TRAVEL MEALS HOTEL ETC		
PO Box Bldg Room No If any P O BOX 16200			
Street	11 b Approximate dollar value of such dealing \$2 13 7		
City TUCSON	12 a Nature of interest held or income received		
State Arizona ZIP Code + 4 85011	REIMBURSEMENT TO TRUSTEE BY TRUST FOR INCURRED EXPENSES FOR ATTENDANCE AT ANNUAL PENSION TRUST MEETING NOVEMBER 13 16 2005 IN HONOLULU HI		
	AIRFARE \$ 433 30 HOTEL 1 137 70 TAXI/PARKING 102 00 Meals 464 60		
	12 b Amount \$2 137		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.		
Name			
Trade Name if any			
PO Box Bldg Room No if any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment		

Name of Person Filing JACK SCOTT	File Number U	05546

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name AMERICAN BENEFIT PLAN ADMINISTRATORS	a Labor Organization	
Trade Name If any		
PO Box Bidg Room No If any	b Trust	
Street 4040 MCEWEN SUITE 100	c Employer	
City DALLAS		
State Texas ZIP Code + 4 75244		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name IBEW-NECA SOUTHWESTERN HEALTH BENEFIT FUND	TRUSTEE ON THE IBEW-NECA SOUTHWESTERN HEALTH BENEFIT FUND ATTEND QUARTERLY TRUSTEE MEETINGS IN DALLAS TEXAS TO CONDUCT BUSINESS THE HEALTH AND BENEFIT FUND REIMBURSES THE COST OF TRAVEL MEALS HOTEL ETC	
Trade Name If any		
PO Box Bldg Room No if any		
Street 4040 MCCWEN SUITE 100		
City DALLAS		
State Texas ZIP Code + 4 75244	11 b Approximate dollar value of such dealing \$3 102	
	12 a Nature of interest held or income received	
	REIMBURSEMENT OF EXPENSES FROM THE HEALTH & WELFARE BENEFIT FUND FOR TRUSTEE MEETINGS IN DALLAS TEXAS AIRFARE \$1 577 78 HOTEL 1 344 70 MEALS 150 00 BASEBALL TKS 30 00	
	12 b Amount \$3 102	